

DEPARTMENT OF DEFENSE WAIVER OF ASSIGNMENT PERIOD FOR PROGRAM MANAGERS/ DEPUTY PROGRAM MANAGERS		REPORT CONTROL SYMBOL DD-P&R(Q&A)1841	
COMPONENT/ORGANIZATION			
1. TO <i>(Service Acquisition Executive/DACM)</i>		3. FROM <i>(Organization and Address)</i>	
2. COPY TO <i>(USD(A)AET&CD)</i>			
POSITION DATA			
4. NAME OF ACQUISITION PROGRAM		6. ORGANIZATION	
5. MILESTONE STATUS/NEXT MILESTONE DATE (YYYYMM)		9. OCCUPATIONAL SERIES/SPECIALTY	
7. UIC		8. POSITION NUMBER	
IDENTIFICATION AND PERSONAL DATA			
10. NAME <i>(Last, First, Middle Initial)</i>		12. SSN	
11. GRADE/RANK			
13. POSITION <i>(X one)</i>		14. REPLACEMENT STATUS <i>(X one)</i>	
<input type="checkbox"/> PROGRAM MANAGER <input type="checkbox"/> DEPUTY PROGRAM MANAGER		<input type="checkbox"/> ASSIGNED <input type="checkbox"/> NOT ASSIGNED	
15. OCCUPATIONAL SERIES/SPECIALTY		17. PROPOSED REASSIGNMENT DATE (YYYYMM)	
16. DATE ASSIGNED TO POSITION (YYYYMM)			
18. WAIVER REASON <i>(X one)</i>			
<input type="checkbox"/> PROMOTION		<input type="checkbox"/> REASSIGNMENT IN GOVERNMENT'S INTEREST <input type="checkbox"/> HUMANITARIAN REASSIGNMENT/ DISCHARGE	
19. NARRATIVE			
20. REQUESTING OFFICIAL			
a. TYPED NAME		c. ORGANIZATION	
b. GRADE			
d. SIGNATURE		e. DATE (YYYYMMDD)	
21. SERVICE ACQUISITION EXECUTIVE/DACM APPROVAL			
a. TYPED NAME		b. TITLE	
c. SIGNATURE		d. DATE (YYYYMMDD)	